



Child and Adult Care Food Program (CACFP)  
Civil Rights Data Collection Form



It is required that a count by ethnic/racial category be done of all enrolled participants once annually.

Complete Parts I, II, III.

**COMPLETE AND RETAIN ON FILE-DO NOT SUBMIT TO THE DPI**

**Part I**

<b><u>Ethnicity Data</u></b>	<b><u>Number</u></b>
Hispanic or Latino	_____
Not Hispanic or Latino	_____
<b>Total Enrolled</b>	_____

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**Part II**

<b><u>Racial Data</u></b>	<b><u>Number</u></b>
American Indian or Alaska Indian	_____
Asian	_____
Black or African American	_____
Native Hawaiian or Other Pacific Islander	_____
White	_____
<b>Total Enrolled</b>	_____

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**Part III**

Method(s) used to obtain the data:

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Signature	Date
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